Interstate Interfacility Transport of a Patient with

Discussion-Based Exercise

Situation Manual

This Situation Manual (SitMan) provides exercise participants with all the necessary tools for their roles in the exercise. Some exercise material is intended for the exclusive use of exercise planners, facilitators, and evaluators, but players may view other materials that are necessary to their performance. All exercise participants may view the SitMan. This publication was made possible by Grant Number 1 IDSEP160033-01-00 from ASPR. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the HHS.

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EXERCISE OVERVIEW

Exercise Name	Interstate Interfacility Transport of a Patient with Discussion-Based Exercise
Exercise Dates	
Scope	This exercise is a discussion-based exercise planned for at . Exercise play is limited to .
Mission Area(s)	Response and Recovery
Core Capabilities	
Objectives	
Threat or Hazard	Natural Hazard: Disease Outbreak
Scenario	A 35-year old patient who works in a BioSafety Level 4 lab presents at a local hospital with complaints of fever, cough, nausea, and headache. Lab work confirms that the patient has been infected with . The treating physician notifies the State Department of Public Health that the patient needs to be transferred to a facility that is fully prepared to treat a patient with this type of infection. The decision is made to transfer the patient to a Regional Ebola and Special Pathogen Treatment Center.
Sponsor	
Participating Organizations	
Point of Contact	

GENERAL INFORMATION

Exercise Objectives and Core Capabilities

The following exercise objectives in Table 1 describe the expected outcomes for the exercise. The objectives are linked to core capabilities, which are distinct critical elements necessary to achieve the specific mission area(s). The objectives and aligned core capabilities are guided by elected and appointed officials and selected by the Exercise Planning Team.

Table 1. Exercise Objectives and Associated Core Capabilities

Exercise Objective	Core Capability
REQUIRED OBJECTIVES:	
Identify opportunities to strengthen the capability for the interfacility transport of special pathogen patients.	Public Health, Healthcare, and Emergency Medical Services
Describe how patient and provider safety is maintained throughout the transport operation.	Environmental Response/Health and Safety
Define the Incident Command/Unified Command structure used for managing special pathogen transport operations.	Operational Coordination
Assess capabilities for effective communications with all interfacility special pathogen patient transport stakeholders during the entire transport.	Operational Communications
Evaluate the capability of EMS to provide required patient care based on state and local policies and protocols.	Public Health, Healthcare, and Emergency Medical Services
Identify the process for selecting personal protection equipment (PPE) for each transport mission with emphasis on ensuring that selection is based on the modes of disease transmission.	Environmental Response/Health and Safety
Evaluate capabilities for medical monitoring of transport crew members post-transport.	Health and Social Services
Assess policies that are in place for the safe management of infectious waste.	Environmental Response/Health and Safety
OPTIONAL OBJECTIVES: SELECT THOSE THAT YOUR JURISDICTION WISHES TO INCLUDE IN THE EXERCISE	
Evaluate the capability to manage a patient who decompensates en-route from the sending facility to the receiving facility in light of current laws and protocols.	Public Health, Healthcare, and Emergency Medical Services
Assess the capability to transport patients with suspect or confirmed special pathogen infection who fall into a special population category, such	Public Health, Healthcare, and Emergency Medical Services

Exercise Objective	Core Capability
as pediatric patients, pregnant women, and/or individuals who utilize service animals.	
Develop solutions for both anticipated and unanticipated challenges that may be encountered during transport operations (e.g. vehicle breakdown, patient decompensates, EMS personnel becomes ill en-route).	Planning
Identify the stakeholders, including the State EMS Office, that are involved in the decision-making process for all aspects of special pathogen patient interfacility transport planning.	Planning
Identify capabilities for just-in-time education and training for operational personnel as a critical component of the transport execution plan.	Planning
Define the public information strategy that will be utilized to manage the media for the duration of special pathogen patient transport operation planning and execution.	Public Information and Warning
Identify licensure laws that may impact interstate transport.	Planning
Identify the process for the conduct of the transport law enforcement threat assessment to determine the need for a law enforcement escort and the level of support required.	On-scene Security, Protection, and Law Enforcement
Evaluate the ability to maintain patient privacy and compliance with Health Insurance Portability and Accountability Act (HIPAA) regulations throughout the transport.	Public Health, Healthcare, and Emergency Medical Services
Identify any differences between notification and coordination procedures for intrastate and interstate transports.	Planning
Other: insert any other jurisdiction-specific objectives that will be included in the exercise	

Participant Roles and Responsibilities

The term *participant* encompasses many groups of people, not just those playing in the exercise. Groups of participants involved in the exercise, and their respective roles and responsibilities, are as follows:

- **Players.** Players are personnel who have an active role in discussing or performing their regular roles and responsibilities during the exercise. Players discuss or initiate actions in response to the simulated emergency.

- **Observers.** Observers do not directly participate in the exercise. However, they may support the development of player responses to the situation during the discussion by asking relevant questions or providing subject matter expertise.
- **Facilitators.** Facilitators provide situation updates and moderate discussions. They also provide additional information or resolve questions as required. Key Exercise Planning Team members also may assist with facilitation as subject matter experts (SMEs) during the exercise.
- **Evaluators.** Evaluators are assigned to observe and document certain objectives during the exercise. Their primary role is to document player discussions, including how and if those discussions conform to plans, polices, and procedures.

Exercise Structure

This exercise will be a facilitated exercise. Players will participate in the following modules:

- Module 1: Mobilization
- Module 2: Transport
- Module 3: Demobilization

The exercise begins with a briefing on the Special Pathogen Interfacility Transport Plan being exercised to ensure that all participants are familiar with the current Plan. Participants will be given the opportunity to ask questions about the Plan prior to the beginning of the exercise discussions. The briefing should be conducted by the State EMS Director along with a senior official from the agency responsible for Plan development and maintenance. After the briefing, participants review the situation and engage in group discussion of appropriate response and recovery issues.

Exercise planners are encouraged to invite all stakeholders with a defined role in the Special Pathogen Interfacility Transport Plan to participate in the exercise.

Exercise planners must decide whether participants will participate in the discussion as one group or via smaller functional groups. If functional groups are used, planners must determine the composition of each group and document this below. If functional groups are used, be sure to allot time in the exercise schedule for participants to reconvene and engage in a moderated plenary discussion in which a spokesperson from each group will brief the larger group on their individual discussions.

Another option for breaking the participants into smaller groups for discussion is to put a representative from each discipline/participating agency in each of the smaller groups. If using this format, consider grouping participants of similar responsibility level together (e.g. the EMS Director should be in the same group as the State Public Health Director). All groups can be given the same questions to discuss in response to the scenario or each group can be given different questions as appropriate to their level of responsibility during the transport operation. Be sure to allot time in the exercise schedule for participants to reconvene and engage in a moderated plenary discussion in which a spokesperson from each group will brief the larger group on their individual group discussions.

If exercise planners opt to have all participants be part of one large group discussion, planners must have an effective strategy in place for keeping the group on track (e.g. focused on the discussion topic and limit discussion on tangential thoughts) and limiting participants from pontificating or speaking about areas that are not specific to their responsibilities (e.g. law enforcement debating PPE for the mode of disease transmission with the health department). A strategy to do this that planners may wish to consider is to only allow participants into the discussion once they have received a notification as appropriate to the scenario (e.g. health department contacts the State EMS Director to make notification of the need to transport a patient, the EMS Director can now participate in the discussion) and/or a request to perform some service (e.g. law enforcement to conduct a transport route threat assessment). If this strategy is employed, planners may want to consider the appropriateness of restarting this process at the beginning of each module.

If participants are broken down into any group types for discussion purposes, consider establishing a process for groups to communicate with each other during the discussion period. Groups may need information from another discipline and/or level of responsibility in order to inform their discussion/decision-making.

List the composition of any groups below

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-
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Exercise Guidelines

- This exercise will be held in an open, low-stress, no-fault environment. Varying viewpoints, even disagreements, are expected and encouraged.
- Respond to the scenario using your knowledge of current plans and capabilities (i.e. you may use only existing assets) and insights derived from your training.
- Decisions are not precedent setting and may not reflect your organization's final position on a given issue. This exercise is an opportunity to discuss and present multiple options and possible solutions.
- Issue identification is not as valuable as suggestions and recommended actions that could improve response and recovery efforts. Problem-solving efforts should be the focus of the exercise.

Exercise Assumptions and Artificialities

In any exercise, assumptions and artificialities may be necessary to complete play in the time allotted and/or account for logistical limitations. Exercise participants should accept that assumptions and artificialities are inherent in any exercise and should not allow these considerations to negatively impact their participation. During this exercise, the following apply:

- The exercise scenario is plausible and events occur as they are presented.
- The exercise starts at the point the decision is made to transfer a patient from one facility to another. All hospital-based patient treatment activities and epidemiological/public health activities are beyond the scope of the exercise discussion.
- Assets that are identified as being needed for transport operations will be available.
- Any assumptions made by exercise participants when "making decisions" or formulating courses of action must be clearly identified for the group.
- All players receive information at the same time.
- Exercise communication and coordination is limited to participants physically present at the exercise venue. Participants may reach out to non-present colleagues via e-mail, text message, or phone calls during breaks, but the progression of the exercise will not be delayed pending the response individuals who are not present in the room.
- One of the purposes of the exercise is to increase communication among players and represented organizations. However, players should adhere to the participant communication strategy outlined for this exercise, even if it differs from how things would occur in a real-world situation.
- Timelines may be expedited to fit the discussion timeline. For example, the ambulance crew will be at the hospital ready to pick the patient up immediately, when in reality it will take a number of hours to assemble this resource.

Exercise Evaluation

Evaluation of the exercise is based on the exercise objectives and aligned capabilities, capability targets, and critical tasks, which are documented in Exercise Evaluation Guides (EEGs). Evaluators have EEGs for each of their assigned areas. Additionally, players will be asked to complete participant feedback forms. These documents, coupled with facilitator observations and notes, will be used to evaluate the exercise and compile the After-Action Report (AAR).

MODULE 1: MOBILIZATION

contacts the to report that they are treating a 35 year old female patient who has a preliminary diagnosis of . Upon admission, the patient stated that she had recently arrived in town to visit her parents when she started feeling that was not relieved with over-the-counter treatments. She reported that she works at a biosafety level 4 research facility that is located out of state and that while she is not aware of a recent exposure to one of the biological agents in the lab, given the nature of her work, this possibility always exists. The patient is currently in isolation and the treating physician has sent laboratory samples for disease confirmation. At this time, the patient's vital signs are stable and the hospital is able to effectively manage her symptoms.

Eighteen hours later, the physician and State Department of Public Health are notified by the lab that the patient does in fact have . After consultation with the hospital's Chief of Infectious Diseases, the doctors determine that their facility is not equipped nor staff fully trained to safely treat this patient. In consultation with the State Health Officer, the decision is made to transfer the patient to a Regional Ebola and Special Pathogen Treatment Center
(RESPTC), which is located in another state. *(If you have a RESPTC in your state, add a statement in the scenario about the fact that the closest RESPTC is unable to accept the patient, necessitating that the patient be taken to an RESPTC out of state. To test objectives, it is important that the transport be across state lines)*

Key Issues

- Patient has a confirmed diagnosis of .
- The hospital determines that it does not have the capability to safely manage this patient.
- The decision to transfer the patient to a Regional Ebola and Special Pathogen Treatment Center is made.

Questions

Based on the information provided, participate in the discussion concerning the issues raised in Module 1. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time.

The following questions are provided as suggested subjects that you may wish to address as the discussion progresses. These questions are not meant to constitute a definitive list of concerns to be addressed, nor is there a requirement to address every question.

Discussion Questions for Required Objectives

1. All stakeholders need certain information in order to most effectively make decisions and execute their responsibilities. Although stakeholder agencies may work alongside one another on a routine basis, it is not uncommon for these agencies to lack a true understanding of what other agencies do and how they do it. In round-robin format, request that all agencies participating in the exercise describe their information needs during the mobilization phase. Consider asking the agencies to also identify the communication mechanism(s) (e.g. conference call, e-mail) that would best suit their needs.
2. Once it is determined that the patient must be transferred, what notifications are made and by whom? What are the acceptable timeframes for these notifications?
3. Once the receiving facility is determined, what agency coordinates the planning for patient transport operations and supporting logistics?
    a. What agencies are involved in the process?
    b. What is the role of the State EMS Office?
4. At what point is Incident Command/Unified Command established? What agency serves as the Incident Commander or agencies are represented in the Unified Command?
    a. Does the Incident Commander have the authority to make unilateral decisions in regards to transport operations?
    b. If not, discuss the authorities for different decision points (e.g. approval of the transport route; approval of the PPE for transport crew) and what other entities must weigh in on the decision-making processes.
    c. Are there preformatted Incident Action Plans (IAP) for such an operation? Who will be responsible for completing and maintaining the IAPs?
5. What is the transport plan (e.g. ground transport the entire way with crew changes every 2 hours; combination ground and air transport)?
    a. What transport agencies will be used and how were they selected?
    b. What resources are needed to support this plan?
    c. What agencies are involved in making these decisions?
6. What is the plan for crew changes? Specific items that should be discussed include:
    a. Securing locations/activating pre-determined locations;
    b. Procedures for change of personnel,
    c. Including resources required for PPE donning/doffing;
    d. Waste management; and

e. Decontamination.

7. There are multiple stakeholders (e.g. hospitals, Centers for Disease Control and Prevention, other states within the Region, local health departments), who often times have different priorities and information needs, involved in transport coordination. Given the short timeframe during which all aspects of the transport must be coordinated, it is likely that there will be demand for key personnel to participate in numerous overlapping meetings and/or conference calls. How are communications among all stakeholders managed during the mobilization phase? Discuss the strategy and systems for effective and timely information exchange, not physical resources that will be used (e.g. cell phones).

8. Is there a web-based emergency management tool that will be utilized to maintain situational awareness during the interfacility transport of a special pathogen patient?

   a. Who has access and how will the tool be used?

   b. Are all of today's exercise participants registered and trained to use this tool? *If not, then suggest rectifying this issue as part of the exercise improvement planning process*.

9. Taking into consideration the need to limit sensitive communications (e.g. patient specific information) via non-secure radio frequencies, how will members of the transport convoy communicate with one another? Medical control? Incident Command? Receiving hospital?

10. All equipment, including communication equipment, that is used in the back of the ambulance must be considered to be potentially contaminated and therefore, will require decontamination or disposal as infectious waste. With this in mind, what communication tools will be available to EMS personnel in the back of the ambulance? Are any special precautions needed to protect this equipment/minimize the risk of contamination?

11. Media management can be a valuable strategy for providing accurate information to the public and empowering the public to act in a desirable manner. Having all stakeholders speak with one voice is a basic principle for effective control of the public message. What strategies will be employed to promote this concept? What agency is in charge of leading this effort?

Injects and Discussion Questions for Optional Objectives

Planners may elect to provide additional scenario information about the patient via injects once discussion of the Discussion Questions for Required Objectives have been completed. Injects selected should relate to any Optional Objectives selected for inclusion in the exercise. Injects and Discussion Questions for Optional Objectives to consider include:

1. During the initial pre-transport clinical call, the treating physician informs the receiving physician that the patient is approximately 9-weeks pregnant and to date has had an unremarkable pregnancy. How does the patient's pregnancy impact the

transport plan? How would the plan be impacted if the patient were 31 weeks pregnant instead of 9 weeks?

2. All available ground transport agencies admit that it has been many months since their personnel trained on the procedures for transporting a patient with a special pathogen. To mitigate this risk, the local EMS agency medical director determines that all personnel involved in the transport must participate in just-in-time education and training prior to the initiation of the transport. What is the just-in-time training plan? Who is responsible for plan implementation? What resources are required for plan execution?

3. Although the media has not yet been made aware that X hospital is treating a patient with a confirmed diagnosis of , it is likely a matter of time before they become aware of this information. In preparation for addressing the media and ensuring the release of accurate information and message consistency, the Incident Commander/Unified Command wants to activate the state's crisis communication plan. What is the crisis communication plan? Who is in charge of managing this plan? What stakeholders must be involved in crafting the media messages?

4. The transport plan necessitates that the patient be moved via ground transport across state lines. Are there any licensure laws, legal, and/or regulatory issues that may impact the planned interstate ground transport? Do these same issues apply for intrastate transports? Are there other licensure, legal, and/or regulatory issues that would only apply if the transport was intrastate?

5. During discussions to plan the transport, a question was raised about whether or not a security escort is needed for the convoy. What entity is responsible for conducting the transport threat assessment? What components are included in the threat assessment?

6. The Health Insurance Portability and Accountability Act (HIPAA) mandates that the patient's privacy be protected. Given the circumstances surrounding her illness, it is likely that some information about the patient and the transport will need to be shared with parties external to the transport operation. What entity is responsible for ensuring compliance with HIPAA requirements? How is the decision to release information that may be sensitive vetted?

7. The transport plan includes the use of a fixed wing air ambulance, which necessitates that a ground ambulance bring the patient to the airport and another meets the flight when it lands to pick the patient and continue the transport. What agencies must be involved in the discussions to coordinate the patient's arrival and departure from the airports? What decisions must be made and information relayed to the transport crews?

MODULE 2: TRANSPORT

Four hours after the decision is made to transport the patient, the transporting EMS agency arrives at the sending facility and is escorted by the Emergency Department staff to the area where the patient is being isolated.

The patient is loaded into the ambulance and the crew prepares to begin driving.

Two and a half hours later, the crew arrives at the first crew change location.

The transport crew arrives at the receiving facility and prepares to transfer the patient's care to the receiving physician.

Key Issues

- The patient is packaged for transport and departs the sending facility.
- At least one crew-change is required during the transport.
- The patient arrives safely at the receiving facility.

Discussion Questions for Required Objectives

Based on the information provided, participate in the discussion concerning the issues raised in Module 2. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time.

The following questions are provided as suggested subjects that you may wish to address as the discussion progresses. These questions are not meant to constitute a definitive list of concerns to be addressed, nor is there a requirement to address every question.

1. What PPE will the EMS personnel don prior to entering the patient's room?
    a. How was this decision made?
    b. Who provides the PPE?
    c. Who will serve as the official observer/safety officer during PPE donning?
2. Will hospital personnel assist EMS with packaging the patient for transport? What entities are involved in making this decision?

3. What provisions will be in place to remove the patient from the hospital while decreasing the risk of potential exposure to other healthcare workers, patients, and hospital visitors?
    a. What entities are involved in making these decisions?
    b. Who provides any required equipment and supplies?
    c. Specific issues that should be considered include:
        i. PPE for the patient
        ii. Use of portable isolation devices (e.g. IsoPOD or ambulance draping)
        iii. Route from the isolation area to the ambulance. Is the ambulance parked in the traditional Emergency Department ambulance bay or a different part of the hospital's exterior?
4. In round-robin format, request that all agencies participating in the exercise describe their information needs during the transport phase. Consider asking the agencies to also identify the communication mechanism(s) (e.g. conference call, e-mail) that would best suit their needs.

READ THE SECOND PART OF THE SCENARIO

5. Where does the EMS member who will be driving the ambulance doff their PPE? Who will serve as the official observer/safety officer for the doffing? How will the contaminated PPE be disposed? What entity is responsible for ensuring the proper disposal of contaminated PPE?
6. Will the patient continue to wear PPE and/or the mobile isolation unit used once the patient is in the back of the ambulance? What entity is responsible for making this decision?
7. What does the Incident Command/Unified Command structure look like as the EMS crew begins driving?
8. How will patient care be documented, taking into consideration the need to prevent contamination of the documentation record?
9. Under whose authority will the EMS crew operate? Does this change once the ambulance crosses over into another state?
10. Who will the EMS crew communicate with during the transport? How will this be done?
11. What agencies will routinely be receiving information during the transport? What types of information will be shared? How will information exchange occur? Who is responsible for ensuring communications?
12. Are there any changes to current standing medical orders and/or new orders that are put in place specific to this transport (e.g. hands only CPR, no invasive treatments)?

READ THE THIRD PART OF THE SCENARIO

13. What resources must be in place prior to the paramedic/EMT who is caring for the patient exiting the back of the ambulance?

14. Where does the oncoming paramedic/EMT don and the off-going paramedic/EMT doff their PPE? Who serves as the official observer/safety officer? How is the used PPE disposed? What entity is responsible for ensuring the proper disposal of contaminated PPE?

READ THE FOURTH PART OF THE SCENARIO

15. Does the ambulance driver don PPE to assist with unloading the patient? If so, where does this occur and who serves as the official observer/safety officer?

16. What PPE does the patient wear and/or mobile isolation equipment is used during the transfer of the patient from the ambulance to the designated isolation area? What entities are involved in making this decision?

17. Does the paramedic/EMT caring for the patient assist with moving the patient into the hospital or is this done by the receiving hospital staff?

18. Who is responsible for disposal of waste generated during the transport and contaminated PPE doffed by the EMS crew?

Injects and Discussion Questions for Optional Objectives

Planners may elect to provide additional scenario information about the patient via injects once discussion of the Required Discussion Questions have been completed. Injects selected should relate to any Optional Objectives selected for inclusion in the exercise. Injects and Optional Discussion Questions to consider include:

1. Approximately half way to the next crew change location, the paramedic/EMT caring for the patient reports a possible PPE breach. What agencies are involved in the decision-making process for how to react to this information? What factors are taken into consideration when formulating the plan for responding to this information?

2. An hour after departing the hospital, the ambulance driver reports that the vehicle's temperature gauge is reading high, which means that the engine is overheating. The driver reports this information to their base, who notifies Incident Command/Unified Command. What agencies are involved in the decision-making process for how to react to this information? What factors are taken into consideration when formulating the plan to address this situation?

3. Approximately 45-minutes after leaving the crew change location, the paramedic/EMT attending to the adult patient informs the driver that he has begun experiencing lightheadedness, nausea, and a spinning sensation and feels like he may pass out. The

driver informs their base of the situation, who in turn notifies Incident Command/Unified Command. The driver pulls over to the side of the road to see if the lack of motion improves his colleague's situation, but it does not. What direction will Incident Command/Unified Command provide to the EMS agency on how to address this issue?

4. Three hours into the transport, the patient complains of chest pain. The paramedic's/EMT's assessment reveals that the patient's blood pressure has dropped, that she is sweaty, and has substernal chest pain radiating to the jaw. The paramedic/EMT provides Medical Direction with an update on the patient's change in status and asks for direction on whether they should continue taking the patient to the planned destination or divert to a closer facility for immediate treatment of the heart attack. Before providing the paramedic/EMT with an answer, Medical Control contacts the Incident Commander/Unified Command to determine the best course of action.
    a. What agencies should be involved in the discussion about how to handle this situation?
    b. Is the ambulance stocked with intravenous supplies and cardiac medications or were these removed when the ambulance was draped and taped for transport of this infectious patient? If equipment is available, will invasive procedures be done?
    c. Are there any EMS Act regulations that dictate how this situation must be handled?
    d. Is the media apprised of the change in patient status and transport plan?
5. One hour after crossing the state border, the patient's condition deteriorates. Despite the paramedic's/EMT's best efforts, the patient dies. What agencies must be involved in the discussion about how to handle this situation? Are there any regulations and/or laws that dictate how this situation must be handled? Given the patient's diagnosis, should the paramedic/EMT be given any special direction on how to proceed?
6. Just after the transport has begun, the Point of Contact for the third location that is scheduled to be used for a crew change informs the Incident Commander/Unified Command that there is a physical emergency at the location and it is no longer available for use as a crew change location. What agencies must be involved in the discussion about securing an alternate location? What processes will be used to identify potential alternate locations?

MODULE 3: DEMOBILIZATION

The receiving physician has accepted the patient into the isolation unit and has assumed responsibility for the patient's care. The EMS agency notified the Incident Commander/Unified Command that the transport is completed and receives approval to begin demobilization activities.

Key Issues

- The care of the patient is assumed by the receiving physician.
- The EMS agency receives approval to begin demobilization activities.

Discussion Questions for Required Objectives

Based on the information provided, participate in the discussion concerning the issues raised in Module 3. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time.

The following questions are provided as suggested subjects that you may wish to address as the discussion progresses. These questions are not meant to constitute a definitive list of concerns to be addressed, nor is there a requirement to address every question.

1. What is the plan for ambulance decontamination and return to service? Be sure to discuss the following:
   a. Responsibility for conducting the physical decontamination;
   b. Decontamination procedures to be followed;
   c. Specialized equipment used as part of the decon protocol and how to access the equipment;
   d. Any post-decon testing/sampling that may be done; and
   e. Procedures for restocking the ambulance and returning it to service (including who will drive it back to its home location).
2. What is the policy for post-transport medical monitoring of transport crew members?
   a. Who is responsible for policy implementation?
   b. Does the policy include provisions for psychological care of crew members and/or family members?
3. What is the plan for returning transport crew members to their starting location? Are provisions in place for crew member lodging, meals, and incidentals?
4. How will transport crew members debrief the operation? Who is responsible for conducting and documenting the debrief?
5. Who is responsible for making arrangements to conduct an after action review, write the associated report and improvement plan, and monitor completion of tasks identified in the improvement plan?
6. In round-robin format, request that all agencies participating in the exercise describe their information needs during the demobilization phase. Consider asking the agencies to also identify the communication mechanism(s) (e.g. conference call, e-mail) that would best suit their needs.

Injects and Discussion Questions for Optional Objectives

Planners may elect to provide additional scenario information about the patient via injects once discussion of the Required Discussion Questions have been completed. Injects selected should relate to any Optional Objectives selected for inclusion in the exercise. Injects and Optional Discussion Questions to consider include:

1. Media have been camped out at the receiving hospital, hoping to get an update on the patient. The hospital issued a brief statement confirming that the patient has arrived and is being cared for in their isolation unit. Will the state release any information to the media about the transport? If so, what agencies are involved in crafting the messages and who is responsible for coordinating the process?
2. Public anxiety about an outbreak of X disease occurring in their community is high. Although the transporting personnel observed all safety precautions and have no need to believe that they were exposed and the ambulance has been fully decontaminated, there is an increased probability that the public will not trust these facts. Are any special security precautions/escorts needed for the transport personnel/ambulance as they make their way home? Are there trigger points for when security measures will be implemented?
3. This transport necessitated that the patient be transported from one state to another. Had the transport remained entirely within the state, would there have been any changes to the transport plan?

APPENDIX A: EXERCISE SCHEDULE

Note: Because this information is updated throughout the exercise planning process, appendices may be developed as stand-alone documents rather than part of the SitMan.

Time	Activity
	Registration - *suggest 30 minutes before the event starts*
	Welcome and Opening Remarks - *10 minutes*
	Briefing on the Plan being exercised - *20-30 minutes*
	Module 1: Briefing, Discussion, and Brief-Back - *suggest a minimum of 120 minutes*
	Break
	Module 2: Briefing, Discussion, and Brief-Back - *suggest a minimum of 60 minutes*
	Lunch
	Module 3: Briefing, Discussion, and Brief-Back - *suggest a minimum of 60 minutes*
	Hot Wash - *suggest a minimum of 30 minutes*
	Closing Comments - *10 minutes*

APPENDIX B: EXERCISE PARTICIPANTS

Participating Organizations
Local
State
Federal
Private Sector

APPENDIX C: RELEVANT PLANS

APPENDIX D: ACRONYMS

Acronym	Term
DHS	U.S. Department of Homeland Security
HSEEP	Homeland Security Exercise and Evaluation Program
HIPAA	Health Insurance Portability and Accountability Act
IAP	Incident Action Plan
SitMan	Situation Manual
SME	Subject Matter Expert
TTX	Tabletop Exercise